

# County of San Diego

DEPARTMENT OF GENERAL SERVICES - SECURITY OFFICE 5555 OVERLAND AVE, SAN DIEGO, CA 92123-1294 Building #2 Third Floor

### Clearance to Work in Justice Related Facilities

(Last Update 12/17/07)

All Contractors requesting clearance to work in or have access to Court or Justice related facilities must comply with all of the following requirements. For security reasons, (there are no exceptions).

- 1. Go to a live scan facility to have your fingerprints electronically scanned. Take the Live scan form, your Driver License and Social Security card to a Live Scan facility. The Live scan facility will collect a payment of \$ 52.00 which is required by the Department of Justice. (See attached LIVESCAN LOCATIONS for FEES)
- 2. Return to the County Security Office with the completed live scan form and the rest of your background packet. You will need to bring a check or money order for \$ 20.00 made out to the "Sheriff's Department" which is for the local background check. We don't take credit cards. Bring two forms of IDs, (Social Security Card and a Driver License or State Issued ID card) If you have a Permanent Resident Card you need to bring it with you or your INS Work permit.
- Background clearances generally take 4 to 5 weeks. The County Security Office will call your employer about the results of your clearance. Only if you passed all three clearances return to the County Security Office with \$ 15.00 in cash, check or money order payable to: (Department of General Services) to get your picture taken for your ID badge.

All ID badges must be worn and be visible at all times when working on County Facilities. Under no circumstances can ID badges be given or shared with others.

All Project Managers are responsible for collecting all ID badges and return them to the County Security Office.

THE COUNTY SECURITY BACKGROUND OFFICE

Phone: (858) 694-3558 Fax: (858) 576-8245 Office Hours:

MONDAY, WEDNESDAY, AND FRIDAYS
8:00-11:30 am and 1:00 pm - 3:00 pm
Address: San Diego County Operations Center (COC)
5555 Overland Ave, Building 2, Third Floor, Suite 2301
San Diego, Ca 92123



Exhibit 1

DEPARTMENT OF THE County of San Di WILLIAM KOLENDER, SHERLING. 2 ROOM 360

RELEASE AND WAIVER

GENERAL SERVICES FACILITIES SERVICES SECURITY SECURITY CLEARANCE BENDESO, CA. 92123 MS 0366

To Whom It May Concern:

Thereby authorize any investigator or authorized representative of the San Diego County Sheriff's Department bearing this release and waiver, or a copy of it, to obtain or copy any information in your fles concenting but not impred to, my employment records, personal history, DMV records, and criminal records (adult and iuvenile).

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information required.

The information entered on this form is to be used to assist the Sheriff's Department in determining my and qualifications for a position of trust and responsibility.

#### TYPE OF PRINT IN INK

HALME: (LAST)	·	(FIRST)		(MIDDLE)	SEX.	
OTHER NAMES YOU HA				(MIDDLE)	•	
ADDRESS:	Y			_		
(STRE	ET)	(APT I)	(CITY)	(STATE)		(ZIP CODE)
DATE OF BIRTH:			PLACE OF BIRTH:			
	(Mouth - Dey -Year)	•			<del></del>	
DRIVER'S LICENSE #:	(INCLUDE STATE)		TELEPHONE:			
SOCIAL SECURITY		····				
HEIGHT:	WEIGHT:	·	EYE COLOR:	HAIR COLO	R;	
SIGNATURE:				DATE:		
** The f	ollowing information	n is to be ea	impleted by the prospective	e employer **	<del>~ ,</del>	
PHOTOLD. AND SOCIAL S	SECURITY NUMBER V	enfied by				
EMPLOYER			TELEPHONE #			
•			(Compray name and phone number)			
requested by:		<del> </del>				
(AUTHOLIZED COUNT	Y REPRESENTATIVE NAME	PHONE, AND M.	AIL STATION)	•		

AREA OF PRIMARY ASSIGNMENT:

(Rav6/00) A copy of your picture identification and social security card must be presented with this form.

### REQUEST FOR LIVE SCAN SERVICE

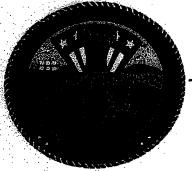
Applicant Submission

ORI: <u>A1953</u> Type of Application:	NON-SWORN LEA
Agency Address Set Contributing Agency:	
Dept. of General Services, Security  Agency authorized to receive criminal history information	07283  Mail Code (five digit code assigned by DOJ)
5555 Overland Ave. Bldg 2, 3 <sup>rd</sup> floor Street No. Street or P.O. Box	DENNIS MACDADE, Security Manager  Contact Name (Mandatory for all school submissions)
San Diego CA 92123 City State Zip Code	( 858 ) 694-3552  Contact Telephone No.
Name of Applicant:  (please print)  Last First	MI
Alias:	Driver's License No.
Date of Birth: Sex:MaleFemale	Misc. No. BIL - Agency Billing Number
Height: Weight:	Misc. No:
Eye Color: Hair Color:	Home Address:Street or P.O. Box
Place of Birth:	City, State and Zip Code
SOC:	
Your Number: OCA No. (Agency Identifying No.)	Level of Service DOJ X FBI
f resubmission, list Original ATI No.	
Employer: (Additional response for agencies specified by statute)	NOTE: Contractor must input Company INFO
Employer Name	
Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)
City State Zip Code	Agency Telephone No. (optional)
Live Scan Transaction Completed By:  Name of Operator	Date:
Transmitting Agency ATI No.	Amount Collected/Billed

# LIVESCAN LOCATIONS AND FEES

# COUNTY LOCATION HOURS ROLLING-FEE

San Diego	Chula Vista Police Department 276 4 <sup>th</sup> Ave (619-691-5137)	Mon-Fri 8:15-11:15 Cash and Checks Accepted	Unknown Please call them for prices.	
East	EDA Livescan 450 Fletcher Parkway #207 (619-631-7535)	Mon-Fri -10:00-6:00 Tues-Thur-6 P.M9:00 P.M.	UNKNOWN Please call them for prices.	
North	Oceanside Police 3855 Mission Ave (760-435-4900)	Mon-Fri -8:00-4:30 Cash or Money Order	Unknown Please call them for prices.	
La Mesa	La Mesa Police Dept. 5915 Severin Dr (619-667-1342)	Mon-Fri-10:00-3:00 Cash or Money Order	Unknown Please call them for prices.	
San Diego	Police Services 4100 Normal St (619-725-7014	Tues-Fri-8:30-2:00 Cash or Money Order	Unknown Please call them for prices.	



## CONTRACTOR

### IDENTIFICATION/ACCESS CARD REGISTRATION

Forms must be typed or printed clearly before you come into the Security Office.

	,	¥ .				
	Walk-in:		. <del>'</del>			
Andrew Townson		왕 왕 왕 왕				•
CARD NUMBER: _	<u> </u>	CARD TY	PE: ID/Acc	ess:		
	ASSIGNED BY DGS	And the second				
CARDHOLDER:	: 					
	Last Name		First Name	M	l.	
COMPANY NAME:		1				
						÷
DATE OF BIRTH:	_// DRIVER	'S LICEN	SE NUMBER :			
		#]				
COLOR Brown	Gray C	OLOR	None None	Brown		
OF Blue EYES Green	Hazel O	F AIR	Black Blonde	Gray Red	HEIGHT:	
CONTRACT ENDING D	ATE://					

SECURITY OFFICE

PHONE: (858) 694-2387

FAX NUMBER: (858) 576-8245

E-MAIL: CNTYID@YAHOO.COM

CONTRACTOR'S ARE WELCOME: MONDAY, WEDNESDAY & FRIDAY

8:00am -11:30am & 1:00pm to 2:45pm